



SALES TAX RETURN

Continuation Sheet

Check box if **AMENDED**

Check box if **FINAL RETURN**

EIN/SSN : _____

REPORTING PERIOD : _____

ATTACH TO FORM 600

BUSINESS NAME:	MAILING ADDRESS:
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Line	Business Description	Business Class	Chapter Code	Column 1 Gross Receipts
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

23. Subtotal (Add Lines 1 thru 22)	\$	
24. Total from any additional Forms 601	\$	
25. Total Gross Receipts (Add Lines 23, 24; transfer amount to Form 600-Line 8, Column 1) .	\$	